關

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1970

CERTIFICATE OF DEATH

01973

	Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RISIDENCE DWhere deceased lived. If institution: Residence o. STATE b. COUNTY	before ophnission)
RURAL bag give geograph fown 3 & days	c. CIPYOR TOWNVIII outside corporate limits, write RURAL and giv	re nearest fown)
d. NAME OF HOSPIFAL (If not in hospital, give street oddress)	/d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) John J	Baker death 2	25 19 5
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Hours Min.
10d USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INE dyring host of working life, even if retired) TISh: ~C	100	S. A
13. FATHER'S NAME	14. MOTHER'S MAIDENINAME	3
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (You'no, or untrigon) (If yes, give wer or dolor of service) 219-07-4780	INFORMANT For Mary C Baker - Rice	& Hall ma
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Jasenlar acident	ONSET AND DEATH
33/X DUE TO Conditions, if ony, which) (b)		
gove rise to immediate couse (a), stating the under-lying couse last.		
3 advanced Clase	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO TO
OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)	
	PLACE OF INJURY (Home, form, 20f. (City or town) (Co-foctory, street, office bldg., etc.)	unty) (Slote)
21. I certify that I attended the deceased from 1/15/	oth accurred at 5 10 M, from the causes and an the	ist saw the decease
ACTUAL SIGNATURE William M. Dalyon	M.D. ROCK Street, city or town, stote)	2/25/5
PHYSICIAN'S NAME (Type)		
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY Similar & 28, 1959 Wisher &	OR CREMATORY 220 LOCATION (City, town, or county) Thapel Kick Hall Ma	(Stote)
23-FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN CARTENY 8. 7	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRE page 3 shauld be a

ined by the haspital or attending physician.

DIRE

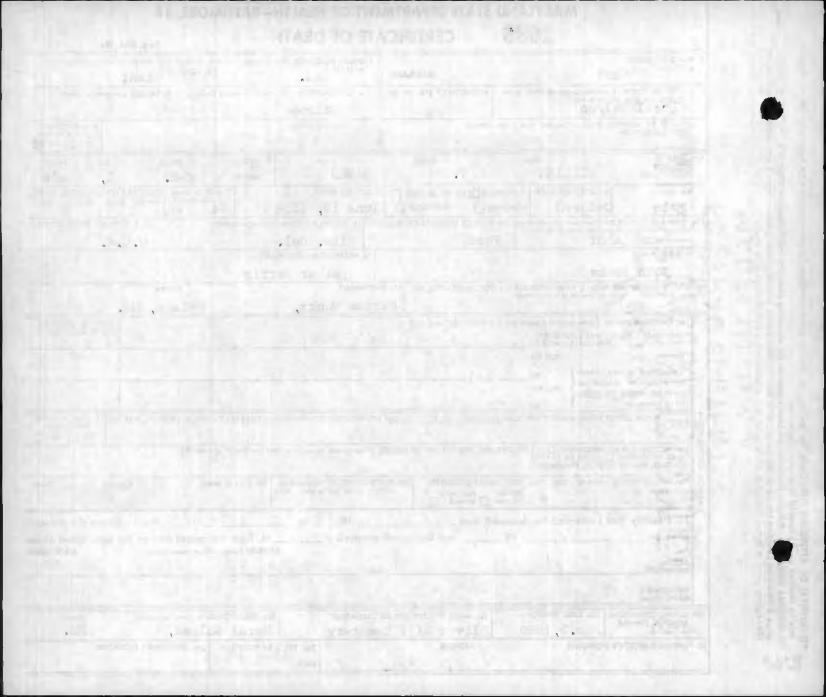
R: After this certificate has been signed by the attending physician and completely filled in by the labe actached for use as the burial-transit permit. Then please remove carban papers, regen, and 2 shr priar to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1985 CERTIFICATE OF DEATH

										keg. Dit	I, IYO.		
a. COUNTY Kel	nt		MARY	LAND	o. STATE Md		ere decease	d lived. If in b. COI		Residence		odmissi	ion)
b. CITY OR TOWN (IF RURAL and give nea Rural Ga.	rest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Galena								
d. NAME OF HOSPITA OR INSTITUTION	il (If not in hospital, g	ive street a	ddress)		d. STREET ADD	RESS						ON A	FARM?
3. NAME OF DECEASED (Type or print)	WILLIAM	st	V. Middle		BANKS Lost		4. DATE OF DEATH	F	Month eb.		Doy 1,		Year 1959
	6. COLOR OR RACE	7. MARRI		_	une 15,	1884		9. AGE (In) last birthe	-	Months [Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of working Farm Late	ng life, even it refired		CIND OF BUSINESS C	R INDUSTR	Wilm.		r foreign c	ountry)		12. CITIZ		WHAT	COUNTRY
3. FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME						
John Bar	nks				Esthe	r Ha	rris						
5. WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO	. 17. INF	ORMANT				Addres	1			
				Mar	tha Bank	s,		Ga	lena	, Md	•		
196.0 Conditions, if any gave rise to im cause (a), stating th lying couse lost.	mediate (Sec	will de	Cili	N BELATED TO THE	Q	IAI DIESAS	S CONDIVIO		I AL DA ST		1	ens /
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING E Ulf EITHER, NOTIFY M										IN PAKI		PERFO	RMED?
OR CONTRIBUTING E	CAUSE OF DEATH	200. DESC	RIBE HOW INJURY O	CCORRED,	Enter noture of in	qury in re	off I or For	f II Or Hem It	2.)				
20c. TIME OF INJURY Hour a. Jr. p. m.		While of work	Not while of work	20e, PLACI focio	E OF INJURY (Hon y, street, office bli	ne, farm, dg., eic.)	20f. (City	or town)		(Cc	ounty)		(Stote)
21. I certify the clive on To. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	of allended the	, 125	d from Oct f., and that ushu LEWSK	death a	ccurred at	P:	M, fran	28, 19 In the caus treet, city or 1	es and	d an the	e date	state	d abave
220. BURIAL, CREMATION BUTTAL (Specify)	Feb. 5, 195		22c. NAME OF CEMI Olivet Hi					IION (City, to L Galet		county)		(Stote	4
23. FUNERAL DIRECTOR'S	Tellous.	7	ADDRESS	for		o. REC'D	BY REGIST	RAR 246.		AR'S SIGN			



FOR STATE HEALTH DEPT.

files. Health,

h. If any delay is necessed 3 to the funeral direct 5 may be retained for 2 with the State Boors. and 3 to the se 5 may be read 2 with the 2 hours offer cated within 24 hours after death, a flem, 18. Give Pages 1, 2, and a clang with farm PM3. Page 5 and 1 sit permit. File pages 1 and 2 . Office pending in person in perso writing the word "pend to the Chief Medical Et. Page 3 should be used it, prior to burial, cremit,

Snoted or should FUNER 4 01

VS. A15ME 5M 2/57

I tems 18-21 Fi MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Kent b. COUNTY Maryland MARYLAND b. CITY OR TOWN III outside corporate limits, write EURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give regress town! lifetome Chestertown Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 224 ent St. YES NO TO 3. NAME OF Middle 4. DATE Month Yeor DECEASED ROY Barnett 1959 (Type or print) Feb. DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Doys Hours Min. male white WIDOWED T DIVORCEDICA 180. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Bookkeeper S Kent Co. Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sheats Edna KEREKXM. Vernor M. Barnett 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Chestertown, Md. no 070-03-1941 Mrs. Edna Barnett 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN Doriden poisoning ONSET AND DEATH PART I. DEATH WAS CAUSED BY: At /present/undetermined//Negative/autopsy/ 2 days outsholingsand Blood / brain / liver / kidney/tisques/& sastrie/contents/being/studied/for/texicalogy.
Seen by Dr. shortly before death. Had been un-Conditions, if ony, which gave rise to immediate couse DUF TO (o), stoting the underlying conscious at least 24 hrs. Empty bettle of sleeping couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? pills by bedside. Petechial hemorrhages to brain, inactive YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 200. EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY O HAPPING TOY, YOUR 20f. (City or lown) [County] (Slote) factory, street, office bldg., etc.) While Not while at work of work Chestertown Kent Md. 21. I certify that I took charge of the remains described above, held on Autapsy A. Inspection . Inquiry and in my apinian death resulted from: Natural causes . Accident . Suicide XK Hamicide . Undetermined manner X

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S NAME (Type)

Robert W.

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

2/3/59

(Stole)

2/6/59 23. FUNERAL DIRECTOR'S/SIGNATURE

220. BURIAL CREMATION, 22b. DATE THEREOF

Chester Cem.

22c. NAME OF CEMETERY OR CREMATORY

27d. LOCATION (City, town, or county) Chestertown, Md.

24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ADDRESS

Chestertown, Md. DATE FEB 5 arihun & Hears

FIGURE TO STATE OF THE second secon by the will be come for the transfer of the contract of the co national regentate The latest the second of the second of

01020

	1:	986	CERTIFI	CATE OF E	EATH	1		Reg. Di	st. No.	11	3.0
1. PLACE OF DEATH	Kent		MARYLAN	o STATE		sere deceased	lived. If institution b. COUNTY		nce before	e admin	ilon)
RURAL and giv	N (If outside corporate e nearest town)	- 1	e. LENGTH OF STAY IN	b c. CITY OR		utside corpor	ota limits, write R			rest lowr	1}
Chester		ural)	25 yr			WILL (R	ural)				
d. NAME OF HO OR INSTITUTIO	SPITAL (If not in hospit ON Kent & C			d. STREET A	DDRESS					ON A	FARM?
3. NAME OF DECEASED (Type or print)	Walter	first	Middle Philip	Bloec	1.1	4. DATE OF DEATH	Mon Febr		Doy		Yeor 19 50
s. sex Mal e	6. COLOR OR RA		NEVER MARRIED [1		6,1889	9, AGE (In years lost birthday) 69 yrs.		Doys Days	Hours	ER 24 HRS Min.
10o. USUAL OCCUPA during most of the Retired		ork done 10b. tired)	KIND OF BUSINESS OR IN	DUSTRY 11, BIRTHPL		or foreign co	untry)	12. CI		WHAT	COUNTR
13. FATHER'S NAME				14. MOTHER'S							
Theodor	e Bloecher			Carol	inan	. 11.					
			SOCIAL SECURITY NO. 1	7. INFORMANT	HALLS H	oth	Addi	T033			
(Yes, no. or unknown)	ves WW	m of service)	79-03-0110		710						
Unichown				Mrs. Walt	er Bl	pecher	Cheste	rtown		-	
	-		ne for (o), (b), and (c).]								DEATH
PARI I.	DEATH WAS CAUSED IMMEDIATE CAU	BT: SE (o)	Myocardial j	infarction							
420.	/ DU	E TO									
Conditions, i	f ony, which }	/h.t	Hypertensive	cardiova	e fina	r dica	929			v	ears
gove rise to	\ D11	E TO									F-0-1-10
Couse (a), stati	ing the under-	(-)									
NOLLY II.	OTHER SIGNIFICANT	-	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERM	NAL DISEASE	CONDITION GIV	'EN IN PAI	RT 1(o) 15	PERFC	AUTOPSY DRMED?
200. ACCIDENT OR CONTRIBUT (IF EITHER, NOT	WAS UNDERLYING EING EICAUSE OF DE	206. DES	CRIBE HOW INJURY OCCU	IRRED. (Enter noture o	f injury in	Port I or Port	If of item 18.)				
20c. TIME OF IN	m.	Year 20d. It While of wor	Not white	PLACE OF INJURY (factory, street, office	Hame, form bldg., etc	20f. (City	or lown)	(County)		(Stole)
21. I certify	that I attended	the deceas	ed from July	, 19. 58	to_F	bruar	19 50	a,that I	last sa	w the	deceas
alive on 1	9 February	785	9 and that de	ath occurred at							
	7		50	u 00001100 u.g			eet, city or lown,		110 001		ATE SIGN
ACTUAL SIGNATURE	11111	1/10	11/10000	2. 20	13 Mas	th One	en Stre	l.		2/20	0/9
SIGNATURE	7/000	Cy YUN	ax 1 years	≥ M.D	J MOT	THE WAS	sau poce	EL			
PHYSICIAN'S NAME (Type)	HARRY .	PAUL RO	SS,M.D.	Ch	ne s ter	rtown,	Marylan	d			
220. BURIAL, CREMA	rifu)		22c. NAME OF CEMETER	Y OR CREMATORY		22d. LOCAT	ION (City, town,			(Stot	e)
Buria.	I" 2/22/5	9	St/ Paul	Cem-		near	- Ches	tert	own	M	d.
23. FUNERAL DIRECT	OR'S SIGNATURE	100	ADDRESS		240. REC"	D BY REGISTI		STRAR'S SI	GNATUR	E	
1:(x)	Miste	ella	Chesterto	wn, Md.	DATE	FEB 2 4	59	Irihan	8. 10	aus	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained for the haspital or attending physician.

TO FUNERAL DIRE After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 shong a should be detached for use as the burial-transit permit. The registrar prior to burial, cremation, or remayal, and in any event within 77 hours after death.

eral director, be filed with

artri The second of th · (A) (2 (2) (4) (5) = 10 (4)

15M 10/57

Rea. Dist. No.

Kent.

1959

USA

(County)

Feb. 24.

Months

e. IS RESIDENCE

ON A FARM?

YES NO

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

vears

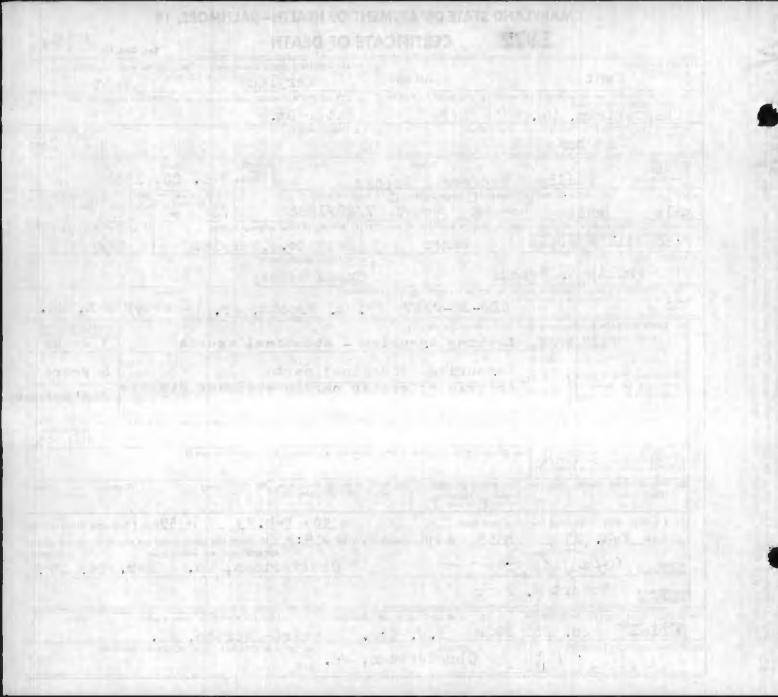
dan't Knaw

PERFORMED? YES NO M

(State)

DATE SIGNED

(Stote)



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1973

01978 Reg. Dist. No.

- 1-						MARK DIVIL	191
	1. PLACE OF DEATH	NT	MARYLAND	2. USUAL RESIDENCE (WHO STATE AR	nere deceased lived. If inst		
	b. CITY OR TOWN (I	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside carporate limits, we		
_	A.	PTOWN	E days.	- NE	1.5510=		
ı	d. NAME OF HOSPIT	At (If not in haspital, give street		d. STREET ADDRESS	1, - 3 , 12 (-		e IS RESIDENCE
	OR, INSTITUTION		INES				ON A FARM? YES NO NO
- [3 NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
	(Type or print)	SAMUEL	P.	CONLEX	OF	EB (19.59
	5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in ye	ors IF UNDER 1 YE	AR IF UNDER 24 HRS.
	٢١	CU. WIDOW		DEC 11,18	7 7 7 7	yrs Months Days	Hours Min.
- 1	10g. USUAL OCCUPATIO	ON (Give kind af wark dane 10b.	KIND OF BUSINESS OR INDU	STRY II BIRTHPLACE (State	ar fareign country)	12. CITIZEN	OF WHAT COUNTRY?
V		ARMER	WOIVE	MARY	GNAJ	(15A .
Ţ	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
4	CHARLE	5 H. CONI	FY	LYD	A MOOR	1-	
	15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
	No	(If yes, give war or dates of service)	VONE	HOSPITA	L. CHART	Τ.	
	IB. CAUSE OF DEA	ATH [Enter anly ane cause per li	ne for (a), (b), and (c).]				ITERYAL BETWEEN
Н	PART I. DEA	TH WAS CAUSED BY:	LETASTAT	F 19 12 19 11	0.44.0		NSET AND DEATH
-1	156.1	IMMEDIATE CAUSE (a)		C CARCINI	O MIT OF	LIVES	
-1	Canditions, if a	nu subjeb h			•		
-1	gave rise to i	mmediate (·			
-	cause (a), stating lying cause last.	the Under-					
-1		(e)	CONTRIBUTING TO DEATH BUT	NOT DELLITED TO THE TENNI	MAL DICELOS COMPISION		1.0
-	PART II. OTH	TEK SIGNITIONAL COMPITIONS	CHIKE OHIO TO DENTI BUT	MOI KETATED TO THE TERMI	NAT DISEASE CONDITION	GIVEN IN PART I(6)	PERFORMED?
- 1	0						YES NO
		S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in I	Part i ar Port II af item 18.	1	
ı	20c. TIME OF INJUR	Y Manth, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City ar tawn)	(Caunt	y) (Slate)
-	20c. TIME OF INJUR	19 While of wor		ctary, street, affice bldg., etc.)	•	
-1			1 2 0	20 5 TG	0 /	ra	
-1	1	at I attended the deceas	~~/~	19.5.7, 10.		* '	saw the deceased
- 1	alive on	41 3 192	and that death	/	_M, fram the cause		
- [ACTUAL	/ 1-1/	7.1.1		ADDRESS (Street, city or to	wn, state)	DATE SIGNED
	ACTUAL SIGNATURE	1-716Ecc	1. fref.	M.D. CHES	TERTOW	VI Md	2.1
4	PHYSICIAN'S NAME (Type)	A.T. KE	EFF TR M	10			
ŀ				<u> </u>			
	22q BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	REMATORY	224 LOCATION (City, tay	vn. or county)	(Stote)
-	NUNERAL DIRECTOR	S SIGNATURE	ADDRESS	THE STATE OF THE S	Jayrick.	AFT Le Ca	ma.
	THE WALL STREET	3 STATULE	F	50. 1	•/	EGISTRAR'S SIGNAT	
L	17 50 1	Lockaes) X	rcens bronze	DATE FE	<u>a 9 '59 (</u>	Cutter & F.	<i>₽ ?</i> 1



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	197	4	CERTI	FICA	TE OF DEATH	<u> </u>		Reg. Dis	. No.	
1. PLACE OF DEATH a. COUNTY Kent	Cł	rester	town MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Marylan		b. COUNTY		e before od en An	1
b CITY OR TOWN (I RURAL and give no	f outside carporate limi corest tawn)	ls, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (II OF		rate limits, write RU	RAL and gi	ve nearest (own) 🗸
d. NAME OF HOSPIT OR INSTITUTION	Kent & Que				d. STREET ADDRESS		-		. 0	RESIDENCE N A FARM? NO A
3. NAME OF DECEASED (Type or print)	Are:		Middle Potts		Dorrell	4. DATE OF DEATH	Month 2/	?	28	Year 19 59
s. sex Female	White	7 MARRIS	DIVORCE	· ·	9/12/1888				YEAR IF U	NDER 24 HRS. Irs Min.
Housewif	king life, even if retired	dane 10b. K	Hom E	R INDU		eville	oniny •, Maryla			erica
13. FATHER'S NAME William	Potts				14. MOTHER'S MAIDEN N	ame Mary S	Stant			
15 WAS DECEASED EVE	R IN U. S. ARMED FOR Iff yes, give wor or dates of s		NONE NO		wommant s. Francis Mi	ddlet	Addre on@Daught		Hosp:	ital Ch
	TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	0.0	for (a), (b), and (c).	J					ONSET A	BETWEEN ND DEATH
Conditions, if a gove rise to i cause (a), stating lying cause lost.	mmediate (DUE TO	Au	ricularfi 	ribu	ıllation				8da	ys
Chole1:	ter significant con	DITIONS CO	Diabetes	s Me	NOT RELATED TO THE TERMIN 11itus D. (Enter nature of injury in P			N IN PART	PE	AS AUTOPSY REORMED?
20c. TIME OF INJUR Haur a, m p. m.	Y Manth, Day, Yes	20d, IN While of work	JURY OCCURRED Nat while of work	20e PL/ foo	ACE OF INJURY (Home, farm, lary, street, affice bldg, etc.)	20f (City	or fawn)	(Ce	ounty)	(State)
alive on2	at latended the	12.5		death	M.D	A.M., fram		nd on th		
70. BURIAL CREMATION REMOVAL (Specify)	MAR. 3 1	159 Bus	22 NAME OF CEME CHESTES CADDRESS	R FIS	eld Cenetery	BY REGIST		Mai	24/A	State)



MARYLAND STATE DEPARTMENT

after death. Page

requires that the death certificate be executed

OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1976

CERTIFICATE OF DEATH

01981

2017	0=111111			Reg. Dist	R. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh			e before admission)
KENT	MARYLAND	O. STATE MARY	LAND 6.00	BUNTY KEN	Tu
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporate limits,	vrile RURAL and gi	ve nearest fown)
RURAL and give riearest lawn)	127 days	X Rocc	HALL	Mid	
d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d STREET ADDRESS		1 128	IS RESIDENCE ON A FARM? YES NO
	WE'L HOLD		T		
3. NAME OF DECEASED (Type or print) ANNA E	LIZA JAC	COUETTE	4. DATE OF DEATH	Month FEIS	22 1957
S SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	4	YEAR IF UNDER 24 HRS.
├- WIDOW	ED DIVORCED	007 20,188	2 tost birth	yrs. Manths [Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b dyring most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZ	ZEN OF WHAT COUNTRY
HOUSEWIFE		119			174
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME		
I SAAC SIMMS		HARRIE	MINA T	CEAN	IER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17.	NFORMANT		Address	
NO	1	HOJP. CH	+ ART		
18. CAUSE OF DEATH [Enter only one cause per l	ine far (a), (b) and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	la Lachal'	Consultation of the second			ONSET AND DEATH
175.0 IMMEDIATE CAUSE (6) 1	IC TALL A STATE	CELVELLA	OMIC		
			0		3 um.
Conditions, if ony, which (b) (b)	CACINONIC	st tett	· Co ecry	-	
couse (o), stoting the under-					
lying couse lost (c)	MAP . A LO . LO . M. LO . MALO A . LO . MARINE MARI				
PANT II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIC	N GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	art I or Part II of item I	(B.)	
	INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form	, 20f. (City or town)	(C)	ounty) (State)
Hour a.m.	Nat white fa	ctory, street, affice bldg., etc.		101	aomy, (a.o.e)
	tund tund	26, 1959, to 1	72 77	. (9	
21. I certify that I ottended the decea	^	1997, 10_1	A	7-7-, that I to	ost saw the decease
alive on	17, and that death	occurred at 2	M, from the cou	ses and an th	e date stated above
ACTUAL SIGNATURE	ci fi		ADDRESS (Street, city or てどにてひい		DATE SIGNE 2 /22/1
PHYSICIAN'S A - K	EFFE, JR	, M.D			
22g-BURIAL, CREMATION, 22b, DATE THEREOF	27c. NAME OF COMETERY O	OR CREMATORY	27d. LOCATION (Gity.	lawn, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC'I	D BY REGISTRAR 24b	REGISTRAR'S SIGI	NATURE
Vien S Su	burch Hill	PATER	2 7 59 7	11 . 0 . 10	

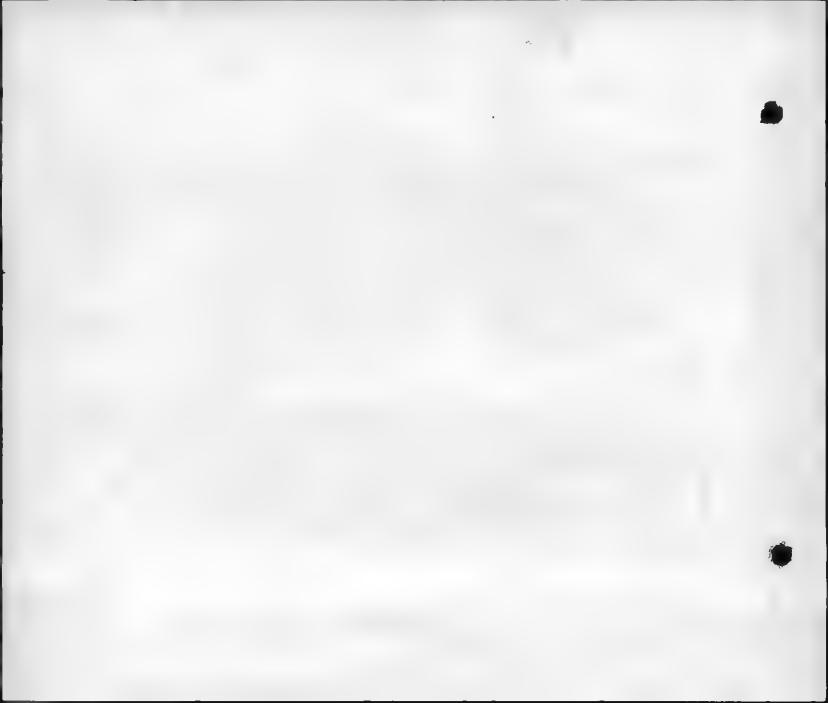
TO HOTHILL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be actached for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shall be registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A1S (4) 1SM 9/S5

eral director, be filed with

Mi



VS A15 (4) 15M 9/55

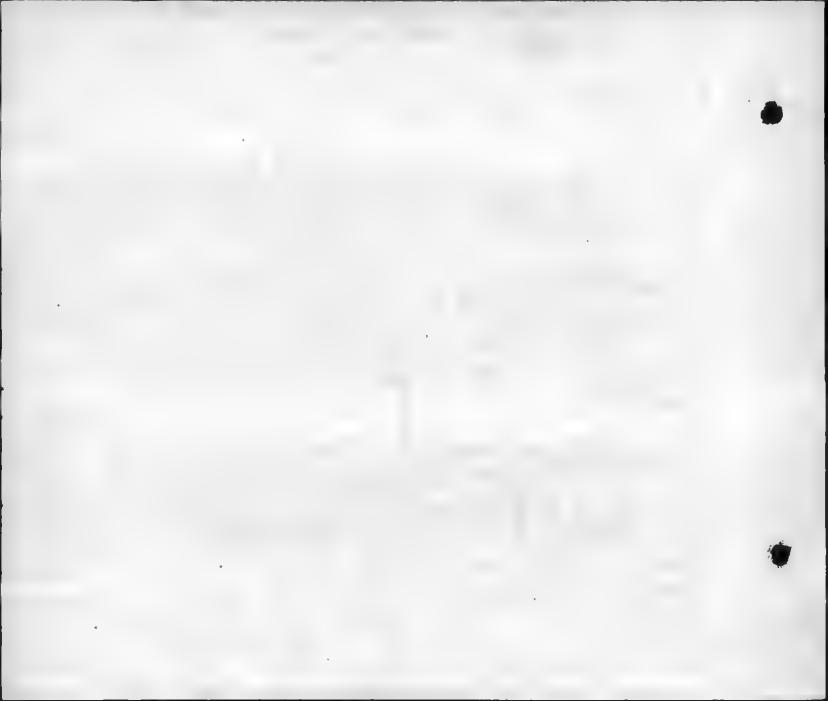
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APVIAND	STATE	DEPARTMENT	OF HEALT	H-BALTIMORE,	19
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RTIFICATE OF DEATH	Reg. Dist. No.

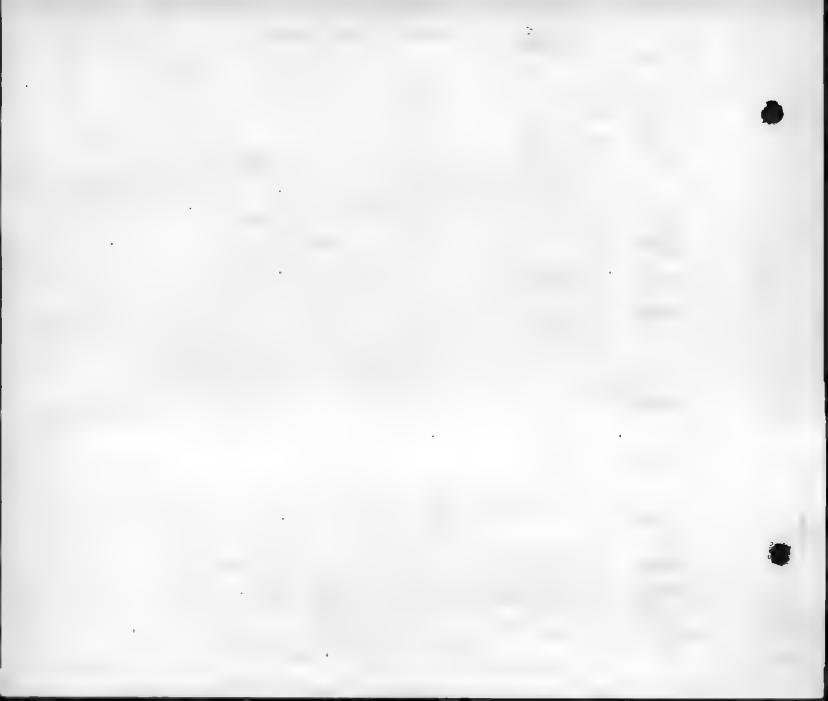
		7977	CERTIF	-ICA	TE OF D	EATH			Rog. Dist.		1000
1.	PLACE OF DEATH		MARYL	AND	2. USUAL RESID	Maryl		d. If institution b. COUNTY	Residence Kent		nission)
	b CITY OR TOWN (If our RURAL and give neares Ches ter	l lown)	ite c LENGTH OF STAY II	4 1b	c CITY OR T		ertown	imits, write RUI	RAL and giv	re nearest l	own)
	A NAME OF HOSPITAL (reet ordraul		d. STREET A					100	RESIDENCE N A FARM? NO
3.	NAME OF DECEASED (Type or print)	Inthony First	Samuel Samuel		Johnson		4. DATE OF DEATH	Feb		3°	1959
5.	SEX Male	COL	AARRIED NEVER MARRIED	- 1	Nov 28	1958	9. At lo			YEAR IF UI	NDER 24 HRS.
	during most of working Lnfa)	Give kind of work done life, even if retired} 10	106 KIND OF BUSINESS OR	INDUS		ACE (Slote or yland	foreign country)		EN OF WH	IAT COUNTRY?
13), FATHER'S NAME				14 MOTHER'S	MAIDEN NA	ME				
\L	Is aiah John					lyn Wi	c kes				
) ¦	S. WAS DECEASED EVER IN (if yes	U. S. ARMED FORCES? give wor or dates of service)	none		her & he	ospita	l recor	ds. Che		own.	Md.
	1B. CAUSE OF DEATH PART I. DEATH V IMM LIGHT Y Conditions, if ony, gove rise to imme	VAS CAUSED BY BAEDIATE CAUSE (a) DUE TO	er line for (q), (b), ond (c).] ilateral bron	chor	pneumoni	Э,				INTERVAL ONSET A 4 da	BETWEEN ND DEATH
CEPTIFICATION	couse (c), stoting the lying couse last. PART II OTHER S	HGNIFICANT CONDITIO	INS CONTRIBUTING TO DEAT						N IN PART	PER	AS AUTOPSY RFORMED?
		DERLYING [] 20b. CAUSE OF DEATH FICAL EXAMINER}	DESCRIBE HOW INJURY OC	CURRED). (Enter noture of	injury in Po	rt i or Port II of	item 18)			
MEDICAL	20c. TIME OF INJURY A Hour o. m. p. m.	W	Od INJURY OCCURRED thile Not white work of work	l0e. PLA foci	CE OF INJURY () lory, street, office	iome, form, bldg., etc.)	20f (City or Ic	own)	(Co	unly)	(State)
	ACTUAL SIGNATURE RA	x 2/3/59, 1	eosed from \$1/28	death		8:15A	2/3/59 M, from the DORESS (Street, wn, Md.	e couses an	id on the	st saw the date st	ated abave. DATE SIGNED
2		22b DATE THEREOF	27c NAME OF CEMET				2d. LOCATION				itate)
23		2/4/59 SNATURE /	Broad N ADDRESS Chester				BY REGISTRAR	24b. REGIST			
یٰا	Kommein)	HANNA	Ches cel.	COW	ing mus	DATE	5 '59	C1.7"	-c 2. 1		
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after death.

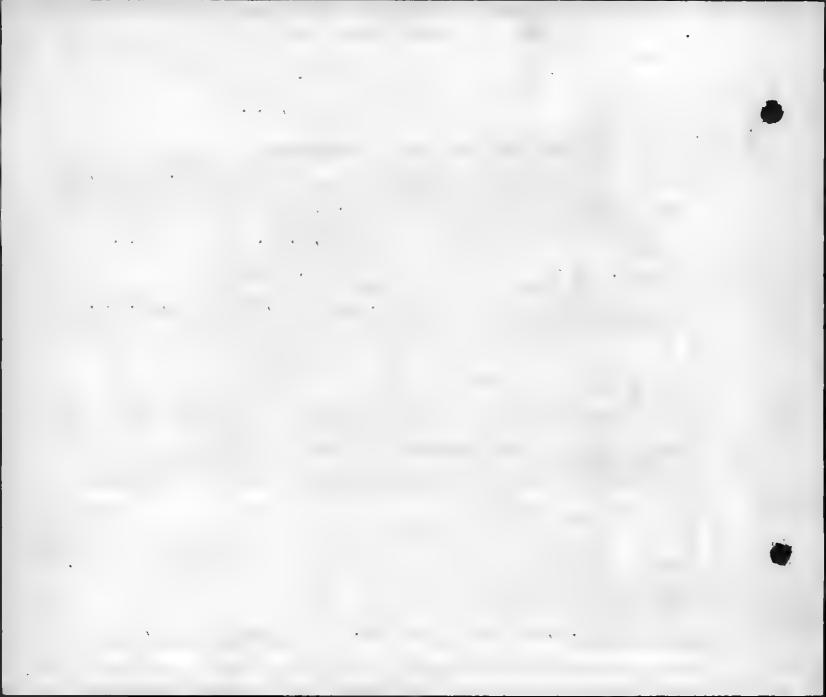
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

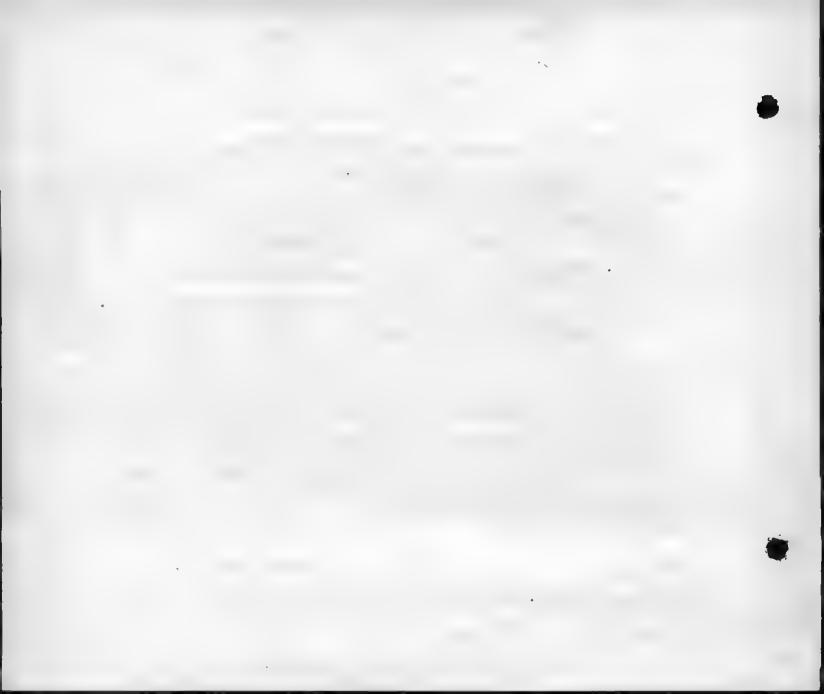


within 24 hours after death.

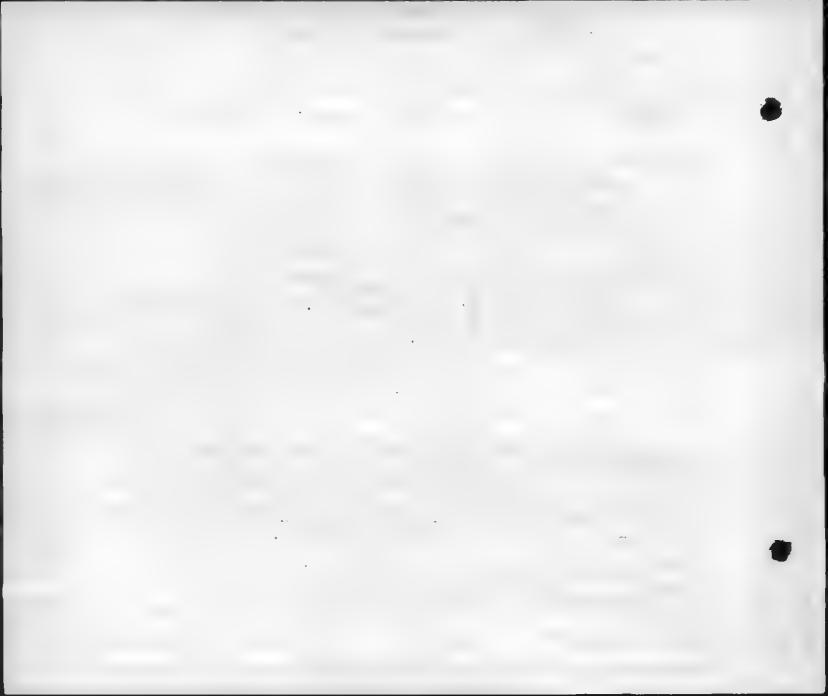
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



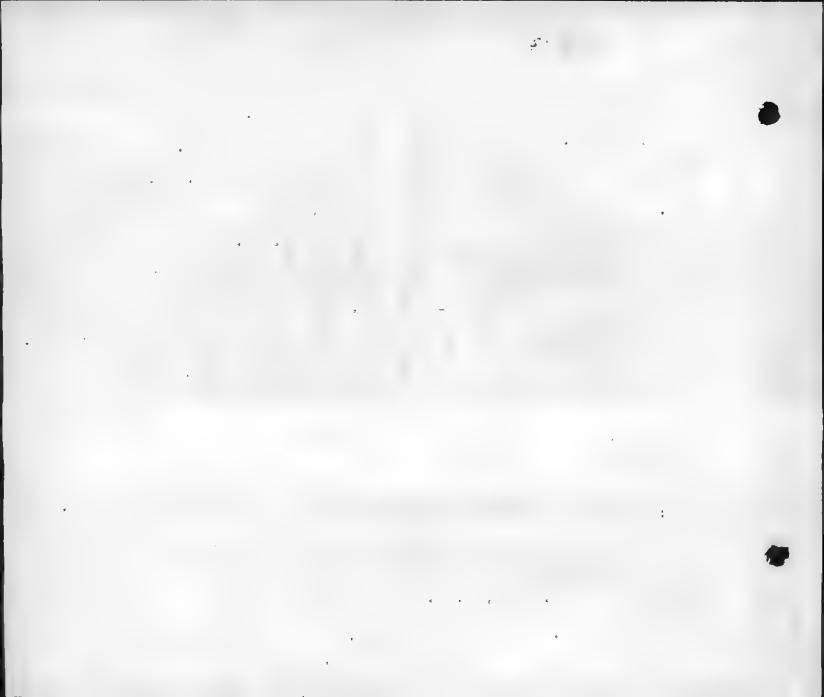
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		MARYLA	ND STATE DEPART	MENT OF HEALTH	I—BALTIMORE, 18	
· Ag		1981	CERTIFIC	ATE OF DEATH	{	11 1 9 8 (, Reg. Dist. No.
)	1. !	LACE OF DEATH I. COUNTY Kent	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE Mary	ere deceased lived. If institution Land b. COUNTY	Residence before admission) Kent
		c. CITY OR TOWN (If outside carporate limits, v RURAL and give nearest town) Chestertown	c. LENGTH OF STAY IN 16		utside corporate limits, write RUI	RAL and give nearest town)
7-		d. NAME OF HOSPITAL (If nor in hospital, give OR INSTITUTION Kent & Queen	street oddress)	RD#2 Ches	tertown	e. IS RESIDENCE ON A FARM? YES NO
		JAME OF Mina First DECEASED Wilhelmina	Middle A	N ewcomb	4. DATE Month OF DEATH Feb	Day Yeor 8 19 59
	5. 9	White w	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	last birthday) 82 yrs	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
**	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Housewife	e 10b. KIND OF BUSINESS OR INC	USTRY 11 BIRTHPLACE (Stole Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY US
1	13.	Emmel Reiche		14. MOTHER'S MAIDEN N		
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES no. or unknown) 1 (if yes, give wor or done of service)	? 16. SOCIAL SECURITY NO. 17.	Unknown INFORMANT	Addre	16
	(Ter	No. or unknown) fir yes, give way or dates or served	None E	llsworth T. Ne	wcomb, RD#2 Che	estertown, Maryla
		PART I. DEATH WAS CAUSED BY: (MMAEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), slating the under- lying cause last. (c)	Heart block, of Generalized Art Diabetes melli	teriosclerosis		ONSET AND DEATH
Δ	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR			N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL CE	20c. TIME OF INJURY Manih, Day, Year Haur a. ft.	20d. INJURY OCCURRED 20e. While Not while at work at work	PLACE OF INJURY (Hame, farm octory, street, office bldg., etc.	, 20f. (City or town)	(Counly) (Stole
d		21. I certify that I attended the de alive on 2-7-	ceased from 1-13 19 59, and that dea	4	.7 , 19 58, LeM, from the causes an ADDRESS (Street, city or town, st Queen Street	that I last saw the deceas d an the date stated abov ote) DATE SIGN
1		PHYSICIAN'S NAME (Type) HARRY PAITT. R	COSS, M.D.	Chestertow	m, Maryland	
	<u> </u>	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c, NAME OF CEMETERY	P	22d LOCATION City, lown, or	NIDI
	122	FUNERAL DIRECTOR'S SIGNATURE	L. ADDRESS	1 24- DEC'T	BY REGISTRAR 246. REGIST	RAR'S SIGNATURE



FOR STATE	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1987
FOR STATE HEALTH DEPT.	PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Kent
ior, Po	b. CITY OR TOWN It outside corporate limits, write RURAL and give nearest town) Chestertown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
s necess of direction of the second sources	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Calvert St. Calvert St. Calvert St.
delay he funer relaine se Stote rr death	3. NAME OF DECEASED (Type or print) James Edward Robinson Death Feb. 15, 1959
d 3 to the day be the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 8. AGE (in years left Under 17 EAR IF UNDER 24 HFS loat builday) 9. AGE (in years left Under 17 EAR IF UNDER 24 HFS loat builday) 29. yrs
Page 5	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (Stole or foreign country) Laborer Various Kent Co. Md. USA
Poges PM3.	13. FATHER'S NAME PERCY RODINSON FINANCE PROPERTY PROPER
Give Give hith form it. File ony ev	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or doles of service) 218-24-4090 Mrs. Florence Robinson
be executed with pencil in Item 18 s Office along w rightansil perm removal, and is	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY Internal hemorrhage and cardiac tamponede few min. Due to Conditions, if only, which (b) Bullet wound perforating right ventricle, gave dise to immediate cause of the publishing put to descedning acorta, vena cava and right pulmonarty artery
ficate should pending" in cal Examiner used as a but cremation, o	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? Homorrhage - rt lower lobe of lung thru which bullet wound YES NO
word a word a world be build be	20d. EXTERNAL CAUSE WAS tracts. Discret Have dury OCCURRED. (Enter nature of injury in Port II of item 18.) Hemicide
AMINER: 1	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 10.11.5 p. m. 2/15/50 While Not work at work 20 the remains described above, held an Autopsy 20c. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Chestertown Kent Md. 21. I certify that I taak charge of the remains described above, held an Autopsy 20c. (City or town) (County) (State)
CAL EX.	apinion death resulted fram: Natural causes , Accident , Suicide , Homicide Undetermined manner
JIY MED to the cer ld be for ERAL DISTRIBUTION designation	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
TO DEPL executed show TO FUNI	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) RIPOVAL (Specify) Feb. 19, 1959 Janes Cem. Chestertown, Md. 23 FUNERAL DIRECTOR'S SIGNATURE. ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME 5M 2/57	Kanneth Walley Chestertown, Md. DATE EB 20'59 arthur & thous



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Kent b. COUNTY files. Heolth, Maryland MARYLAND b. CITY OR TOWN 4th autside corporate fimile, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Chestertown Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 200 Washington Ave. Chester River retained f YES NO A Slate 3. NAME OF Middle 4. DATE Yeor DECEASED Addie Hurlock Usilton Feb. 19 59 (Type or print) DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED D DIVORCED T 40 9 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Kent Co. Maryland U.S.A. home nousewile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Addelle Skirven Charles Hurlock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) I'm, on, or unknown't Usilton Jr. Denton. Maryland по none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Drowning Short time burial-transit DUE TO Conditions, if any, which gove rise to immediate cause DUF TO (a), stoting the underlying couse last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY pasa PERFORMED? Chief Medical E should be used 0 YES [7 NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20th DESCRIBE HOW INJURY OCCURRED. [Enler noture of injury to Fort 1 or Roy II of item 18.]

Jumped or fell into Chester River

Month, Day, Year While Not while at work

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or Iown) forkery, street, office bids, stc.) Chestertown

(County) (State) Kent Md.

DATE SIGNED

(Stote)

21. I certify that I took charge of the remains described obove, held an Autopsy . Inspection . Inquiry opinion death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined monner

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

February 25, 1959

220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Feb. 26/

NAME (Type) Robert W. Farr

22c. NAME OF CEMETERY OR CREMATORY Chester Cemetery 22d. LOCATION (City, town, or county) Chestertown, Md.

23. FUNERAL DIRECTOR'S SIGNATURE Williams

ADDRESS. Chestertown, Md. 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur & Krows

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FUNERAL (

HEADS AND STATISTICS OF BUILDING AND LAND COMPANY BORDS The second secon when the contract to 700 to 200 to 100 to The same of the sa . Ignited - mail A service of the serv

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1384	CERTIFIC	ATE OF DEATH	1		Reg. Dist. No.	01989
1. PLACE OF DEATH a. COUNTY	Kent	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary La	and	l. If institution b. COUNTY	Residence before Kent	re admission)
b. CITY OR TOWN (If ou RURAL ond give neores Chestert	it town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	uiside corporote li	mits, write RU	RAL and give nea	rest town)
d. NAME OF HOSPITAL (If not in hospital, give s	street oddress)	d. STREET ADDRESS	ollege	Ave.		ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print)	First HLNRY	The Armin March of the Armin of	Lost	4. DATE OF DEATH	Month Feb.		Yeor 1959
5. SEX 6.	1 - 7	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 1/1/ 1896	9. AC	t birthdoy)	FUNDER 1 YEAR Months Doys	Hours Min.
during most of working Labore	life, even if retired)	106. KIND OF BUSINESS OF INDU	Kent. Co.			12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME	en delle de la		14. MOTHER'S MAIDEN N				
henr		0		White			
	U. S. ARMED FORCES? s. give wor or dates of service		INFORMANT		CO L Addre	1 1-	
no			Joseph Bould	ien in	estert	own, M	d.
		per line for (a), (b), and (c).]				INTE	RYAL BETWEEN ET AND DEATH
PART 1. DEATH 1	WAS CAUSED BY:	Congestive hea	rt failure			Severs	
Canditions, if any, gove rise to immucouse (o), stoting the lying cause lost. PART II. OTHER: 20a. ACCIDENT WAS U OR CONTRIBUTING USE (IF EITHER, NOTIFY MET	ediote under- (b) DUE TO	Arterio sclero					P. WAS AUTOPSY PERFORMED? YES NO
	NDERLYING 20b. CAUSE OF DEATH DICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II of	item 18.)		<u> </u>
20c, TIME OF INJURY IN Hour o. m.	V V		ACE OF INJURY (Home, form, clory, street, office bldg., etc.		wn)	(County)	(Stote)
21. I certify that alive an Fab.	12 WW7	ceased from Jan 26	accurred at 6:00	AM, from the ADDRESS (Street, artown,	causes and	d an the dat	the decease stated above DATE SIGNE 2/12/59
NAME (Type)		Farr, M. D.					
220. BURIAL, CREMATION, REMOVAL (Specify)	2/13/59	Chesterton	or CREMATORY The Comptons Th	27d. LOCATION	City, town, or		(Stote)
23. FUNERAL DIRECTOR'S SIE Marvin V.	GNATURE Williams	ADDRESS s, Chestertown		BY REGISTRAR		RAR'S SIGNATUR	E

VS A15 (4) 15M 9/55

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The second of		Mary Mary Car Hi
	and well storing	